

Returned From:

Dealer: \_\_\_\_\_

City/State: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

# RETURN MATERIAL AUTHORIZATION



**RMA No.:** \_\_\_\_\_

\* = Required Information

* Part Number	Description	* QTY	* Serial No.	* Date Installed	* Compressor Hour Meter Reading	* DentalEZ Invoice #	Customer PO #	* Reason for Return (Repair, Warranty Return, Duplicate Order)

### \* Required for Equipment/Parts Failure

Explain in detail symptoms of failure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No credits will be issued, nor will any merchandise be accepted without authorization. **This authorization expires if the products listed above are not received within 30 days from date authorization is approved.** The amount of credit authorized will be at the sole discretion of DentalEZ. **There will be a 15% handling charge (\$25 min) for items returned for restocking.** Ship all return merchandise freight prepaid. Include a copy of the DentalEZ Invoice.

### RETURN TO:

DentalEZ  
 2500 Highway 31 South  
 Bay Minette, AL 36507  
 Phone: 1.866.383.4636  
 Fax: 717-291-5699

StarDental  
 1816 Colonial Village Ln  
 Lancaster, PA 17601

Please enclose a copy of this RMA with shipment.

### For Repair Only

- Repair estimate: \$ \_\_\_\_\_
- The warranty on this product has expired.
- The serial number of this product does not match the paperwork enclosed.

**Check the appropriate line below either accepting or rejecting the charges. No repairs will be performed without permission.**

Please respond within 14 days. **If estimate is not approved, product will be returned unrepared after 30 days (repair estimate charge will apply).**

- Accept Repair Estimate.
- Return Unrepared (A \$65.00 repair estimate will be charged).
- Scrap (No estimate charge).

\_\_\_\_\_  
**Repair Authorization**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**RMA Approval**

\_\_\_\_\_  
**Date**